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Apr 14, 1999 8:00 am
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04-14-1999 90013 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749480**

1. Corporation Name
PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US	PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/23/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2058370 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWATT, MYRON 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHECTER, SIDNEY		1.2 NAME		
STREET ADDRESS	131 PIEDMONT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BRUNO, CHIESA		2.2 NAME	Bruno, Chiesa	
STREET ADDRESS	PIEDMONT C #116		2.3 STREET ADDRESS	116 Piedmont C	
CITY-ST-ZIP	DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLORINE, KAYE		3.2 NAME		
STREET ADDRESS	PIEDMONT C #102		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERGER, BERNARD		4.2 NAME		
STREET ADDRESS	PIEDMONT C #117		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHMAN, PHILIP		5.2 NAME		
STREET ADDRESS	127 PIEDMONT C		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZ, ARTHUR		6.2 NAME		
STREET ADDRESS	PIEDMONT C 120		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-11-99 498 0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)